

## General

### Title

Management of labor: percentage of patients with preterm labor who received antenatal corticosteroids prior to delivery.

### Source(s)

Creedon D, Akkerman D, Atwood L, Bates L, Harper C, Levin A, McCall C, Peterson D, Rose C, Setterlund L, Walkes B, Wingeier R. Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Mar. 66 p. [113 references]

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients with preterm labor who received antenatal corticosteroids prior to delivery.

### Rationale

The priority aim addressed by this measure is to increase the percentage of patients with preterm labor (of less than 34 weeks) who receive antenatal corticosteroids.

Antenatal corticosteroid therapy for fetal lung maturation reduces mortality, respiratory distress syndrome and intraventricular hemorrhage in preterm infants. These benefits accrue to preterm neonates across a broad range of gestational ages and are not limited by gender or race. The benefits of the administration of postnatal surfactant are enhanced by antenatal steroid therapy. No adverse consequences to a policy of administration of antenatal steroids to women in preterm labor have been identified.

The beneficial effects of corticosteroids are greatest more than 24 hours after beginning treatment. However, treatment less than 24 hours in duration may improve outcome. Every effort should be made to treat women before spontaneous or elective preterm delivery.

## Evidence for Rationale

American College of Clinical Pharmacy. Preterm labor. In: Pharmacotherapy self-assessment program. Module 11: women's health. 3rd ed. Kansas City (KS): American College of Clinical Pharmacy; 2000.

Committee on Obstetric Practice. ACOG committee opinion: antenatal corticosteroid therapy for fetal maturation. Obstet Gynecol. 2002 May;99(5 Pt 1):871-3. [PubMed](#)

Creedon D, Akkerman D, Atwood L, Bates L, Harper C, Levin A, McCall C, Peterson D, Rose C, Setterlund L, Walkes B, Wingeier R. Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Mar. 66 p. [113 references]

Crowley P. Prophylactic corticosteroids for preterm birth. The Cochrane Library. 2002.

## Primary Health Components

Pregnancy; preterm labor; antenatal corticosteroids

## Denominator Description

Number of patients in preterm labor (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Number of patients in preterm labor who received antenatal corticosteroids prior to delivery

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

### Additional Information Supporting Need for the Measure

Unspecified

### Extent of Measure Testing

Unspecified

### National Guideline Clearinghouse Link

[Management of labor.](#)

# State of Use of the Measure

## State of Use

Current routine use

## Current Use

not defined yet

# Application of the Measure in its Current Use

## Measurement Setting

Hospital Inpatient

## Professionals Involved in Delivery of Health Services

not defined yet

## Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

## Statement of Acceptable Minimum Sample Size

Unspecified

## Target Population Age

Unspecified

## Target Population Gender

Female (only)

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Getting Better

## IOM Domain

Effectiveness

## Data Collection for the Measure

### Case Finding Period

The time frame pertaining to data collection is monthly.

### Denominator Sampling Frame

Patients associated with provider

### Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

### Denominator Time Window

not defined yet

### Denominator Inclusions/Exclusions

#### Inclusions

Number of patients in preterm labor\*

Population Definition: All patients giving birth who are in preterm labor.

\*Refer to the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Management of Labor](#) .

#### Exclusions

Unspecified

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

Inclusions

Number of patients in preterm labor who received antenatal corticosteroids prior to delivery

Exclusions

Unspecified

## Numerator Search Strategy

Institutionalization

## Data Source

Electronic health/medical record

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Percentage of patients with preterm labor who received antenatal corticosteroids prior to delivery.

### Measure Collection Name

Management of Labor

### Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

### Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

### Funding Source(s)

The Institute for Clinical Systems Improvement's (ICSI's) work is funded by the annual dues of the member medical groups and five sponsoring health plans in Minnesota and Wisconsin.

### Composition of the Group that Developed the Measure

*Work Group Members:* Douglas Creedon, MD (*Work Group Leader*) (Mayo Clinic) (OB/Gyn); Deb Peterson, MD (Affiliated Community Medical Center) (Family Medicine); Lesley Atwood, MD (Allina Medical Clinic) (Family Medicine); Ruth Wingeier, CNM (Central Minnesota Midwifery) (Nurse Midwife); Cherida McCall, CNM (HealthPartners Medical Group and Regions Hospital) (Nurse Midwife); Lori Bates, MD (Mayo Clinic) (Family Medicine); Carl Rose, MD (Mayo Clinic) (Maternal-Fetal Medicine); Becky Walkes, RN (Mayo Clinic) (Nursing); Dale Akkerman, MD (Park Nicollet Health Services) (OB/Gyn); Anna Levin, CNM (Park Nicollet Health Services) (Nurse Midwife); Cindy Harper (Institute for Clinical Systems Improvement) (Systems Improvement Coordinator); Linda Setterlund, MA, CPHQ (Institute for Clinical Systems Improvement) (Clinical Systems Improvement Facilitator)

### Financial Disclosures/Other Potential Conflicts of Interest

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Where there are work group members with identified potential conflicts, these are disclosed and

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#### Disclosure of Potential Conflicts of Interest

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National, Regional, Local Committee Affiliations: None  
Guideline Related Activities: State Guideline for Prenatal  
Research Grants: None  
Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities: VBAC guideline task force AAFP  
Research Grants: None  
Financial/Non-Financial Conflicts of Interest: Expert Testimony for LEEP case

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Guideline Related Activities: None  
Research Grants: None  
Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities:  
Research Grants: None  
Financial/Non-Financial Conflicts of Interest: None

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Research Grants: None  
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Research Grants: None  
Financial/Non-Financial Conflicts of Interest: None

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Research Grants: None  
Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities: None

Research Grants: Sequenom; Cell-free fetal DNA in maternal circulation to detect fetal aneuploidy (concluded 7/29/11)

Financial/Non-Financial Conflicts of Interest: None

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National, Regional, Local Committee Affiliations: None

Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2013 Mar

## Measure Maintenance

Scientific documents are revised every 12 to 24 months as indicated by changes in clinical practice and literature.

## Date of Next Anticipated Revision

The next scheduled revision will occur within 24 months.

## Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in January 2016.

## Measure Availability

Source available for purchase from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#)

. Also available to ICSI members for free at the [ICSI Web site](#)

and to Minnesota health care organizations free by request at the [ICSI Web site](#)

For more information, contact ICSI at 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; Phone: 952-814-7060; Fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org) ; E-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## NQMC Status



This NQMC summary was completed by ECRI Institute on August 30, 2013.

The information was reaffirmed by the measure developer on January 13, 2016.

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## Production

### Source(s)

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